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Frequent Users of the Emergency Department: A Policy Proposal

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INTRODUCTION

Research has extensively documented that a small number of Emergency Department (ED) patients make disproportionate use of emergency services (Okin et al., 2000). The term “Frequent Users” is used to describe patients who utilize ED services more than four times per year (Byrne et al., 2003). Frequent Users are often times patients with chronic medical, mental health, alcohol and drug problems, as well as other psychosocial issues (Fulde & Duffy, 2006). Homeless people also appear to have significantly higher ED rates than the general population (Pope et al., 2000). Immanuel St. Joseph's-Mayo Health System (ISJ) ED appears to have many patients that may be categorized as a frequent user—in fact 442 patients in 2008 met this criteria. These 442 patients (2.4% of the total number of patients seen) accounted for approximately 11.8% of the total number of visits in 2008.

RESEARCH QUESTION

How can ISJ effectively identify frequent users of the ED? What programs/strategies can be implemented to assist these patients in receiving more effective care?

LITERATURE REVIEW

Increased utilization of US hospital emergency departments has received considerable attention from both the health care and policymaking communities in recent years (Peppe et al., 2007). Many patients choose to visit the emergency department for treatment that could be given in the community (Pope et al., 2000). As a profession we struggle to define urgent versus non-urgent and necessary versus unnecessary visits, however, most would agree that the use of the ED as the sole source of medial care is neither efficient nor the ideal way to provide comprehensive medical care (Spillane et al., 1997). For healthcare providers to better understand this population we must reframe how we work with these patients to ensure that they are receiving the most effective care rather than just focusing on if their visit is an “emergency.”

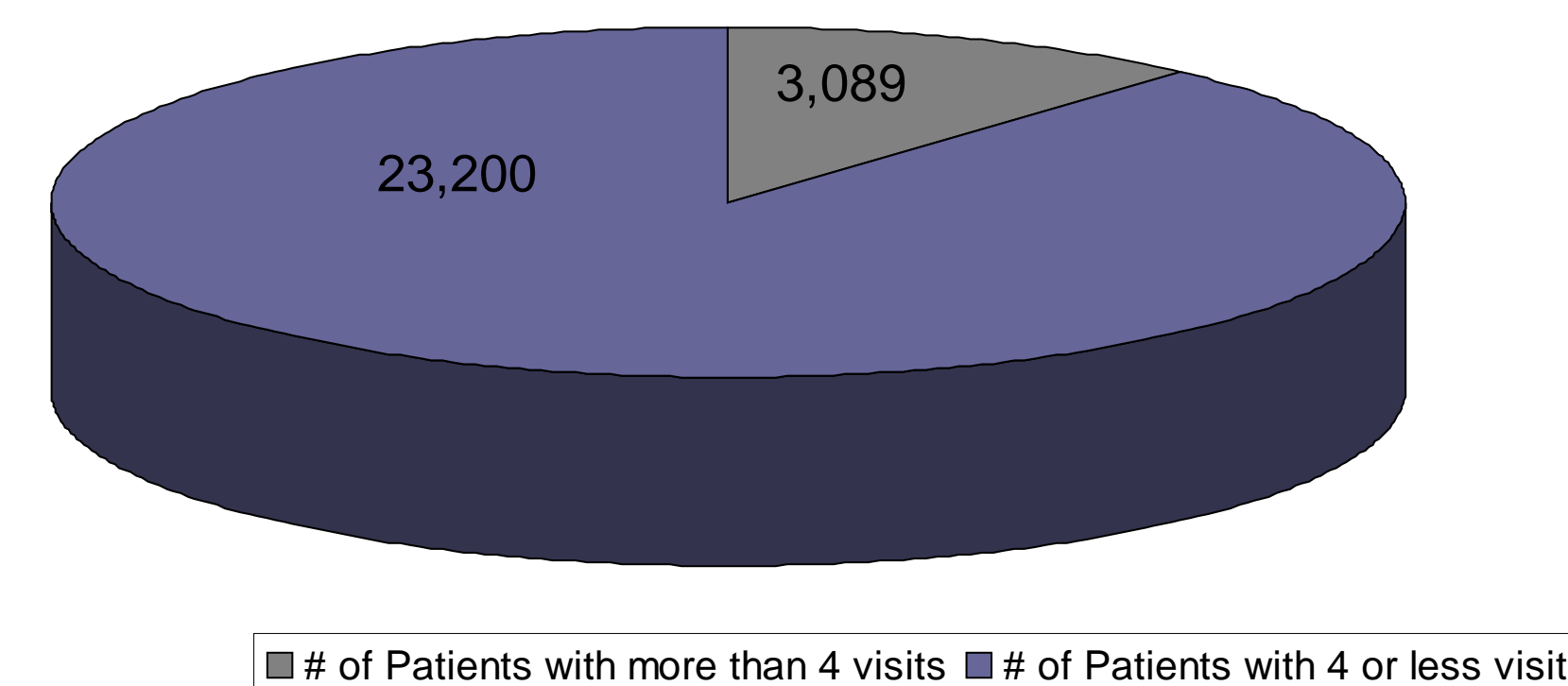
Studies vary considerably when discussing the frequency of visits required for a patient to be deemed a frequent user. These numbers range anywhere from two visits per year to more than four visits per year. Most studies agree that more than four visits per year should categorize a patient as a frequent user and that these patients would benefit from case management services (Hunt et al., 2006). To effectively work with this population hospitals first have to be able to quickly identify patients that may fall into this subgroup. The criteria listed in the Findings section of this poster is a comprehensive summary of criteria suggested by multiple authors to use in determining if a patient is a frequent user of the ED.

The literature review suggests that the most effective way of managing this particular population of patients is through multidisciplinary case management (Hunt et al., 2006). Multidisciplinary teams that target high-risk patient subgroups have been introduced in many hospitals to address the swamping of emergency services (Fulde & Duffy, 2006). The main focus of care plans and case management is to make sure that these patients get the best care possible. Care plans should consist of patient's medical history and suggestions for physician in the ED to follow (Author unknown, 2006). Care plans do not mean that patients will not be treated in the emergency department, they are a recommendation from the case managers and primary doctor encouraging patients to seek care at the appropriate site in the future (Bristow & Herrick, 2002).

The Dyad Case Management approach appears to be an effective way of meeting frequent user's needs in the ED setting. The model consists of a social worker and a nurse case manager working with the patient to decrease utilization of the ED for nonemergent visits, promote the use of community resources, and improve discharge planning. A multidisciplinary team approach including the patient's primary care provider, the ED staff, and other community health care providers is utilized in order to provide a holistic approach to care. This approach could be easily implemented in a rural hospital with some start up costs to the facility. However, this approach may decrease costs for the hospital over time (Bristow & Herrick, 2002).

The use of individualized care plans and case management in several studies did not significantly reduce ED utilization by frequent users. However, they did increase patient satisfaction, decrease ED length of stay, decrease hospitalizations, and increase primary care visits (Spillane et al., 1997). Those patients with ten or more visits per year were the most difficult patients to effectively implement case management services and reduce their number of visits to the ED. Many studies suggest that this is due to this population was the most recalcitrant to change (Spillane et al., 1997).

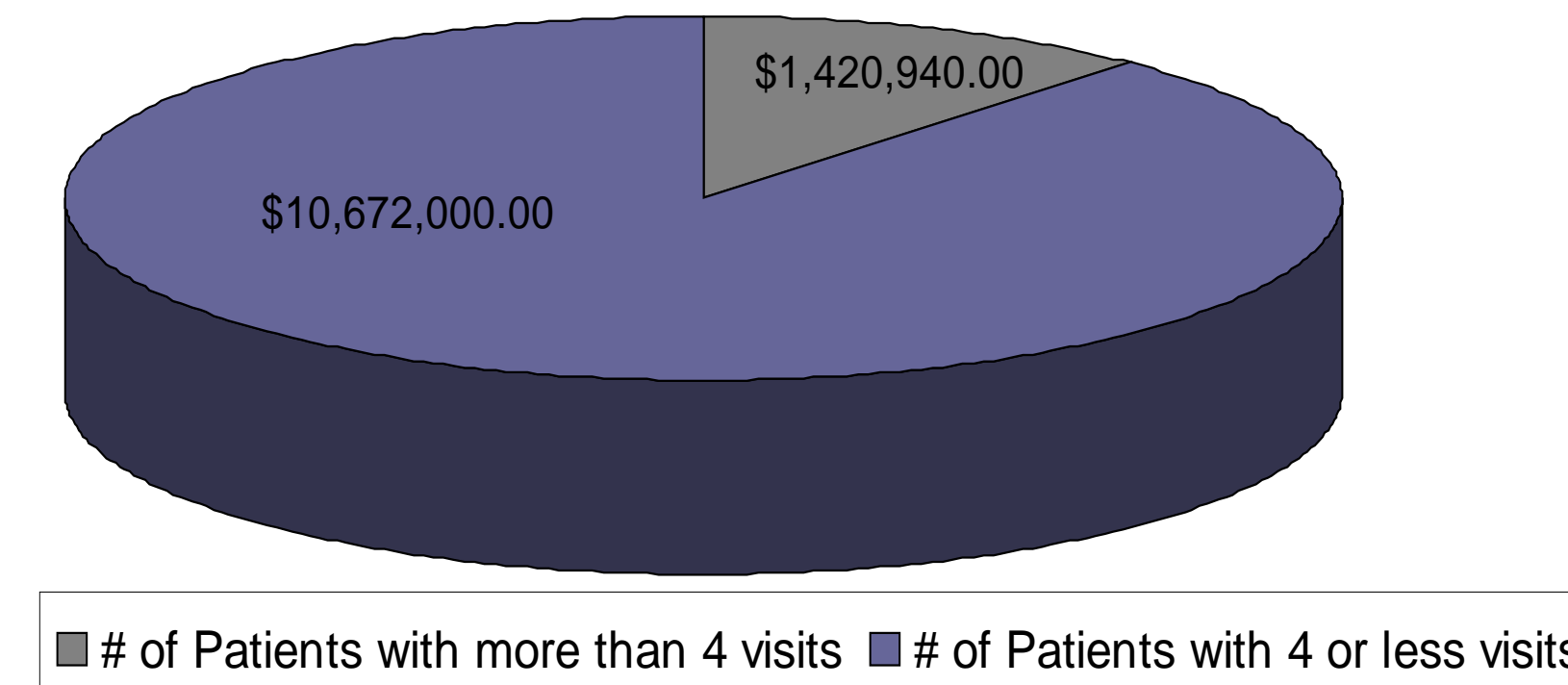
Number of visits in the ED in 2008



Emergency Department Visits 2008

	Total	More than 4 Visits	Percent
# Of Visits	26,289	3,089	11.8%
# Of People	18,442	442	2.4%

Cost of visits to ED in 2008



**Does not include ancillary costs (radiology, lab)

METHODS

A systematic review of literature regarding frequent users of ED and criteria used to identify these patients was completed. Key Stakeholders at ISJ—Mayo Health System expressed interest in staff using a systematic approach to identifying patients who may be utilizing the ED when their needs could be better met through other services (e.g. Family Practice Doctor at the Clinic, County Case Manager, ect). An evidenced-based set of criteria that could be utilized in a rural ED was developed based on the literature review.

The second round of research focused on developing an effective strategy for ISJ to implement in their ED that would assist those designated as frequent users in obtaining the services that would best meet their specific needs. Several programs that have been implemented in various hospitals were reviewed in order to determine what program and/or aspects of each program contributed to the program's success. These aspects were reviewed to ensure that they would be applicable to a rural hospital. A policy proposal was developed based on the evidenced based criteria and effective strategies for assisting this population.

FINDINGS

Criteria

- ✓Four visits in one year
- ✓Chronic medical, mental health, alcohol and drug problems
- ✓Does not have Primary Care Provider
- ✓Patient must meet two of the three criteria to be “flagged” for a referral

Programs/Strategies

- ✓Patients who meet above criteria are referred to Social Services to assist with developing a Care Plan with patient and/or family.

- ✓Long Term Goal would be to implement a Dyad Case Management Team in the ED (RN Case Manager and Social Worker) to provide on-going case management for patients until they are established with community based services to ensure their needs are effectively being met.

IMPLEMENTATION CONSIDERATIONS

- Cost of implementing program
 - Hospitals would need to provide 24/7 Social Work coverage in the ED for this program to be effective.
 - The Dyad Case Management program would require hospitals to staff their ED with a RN and social work case manager that would work specifically with patients referred to case management (would not have to be 24/7).
- Not tested in rural communities
 - Limited supporting resources to refer patients for on-going services.
 - Difficult to project program success with rural populations due to the majority of the pilot programs have been in urban areas.
- Provider/Staff buy-in
 - Primary doctors would have to be available for consultation on care plans.
- Not effective for all populations
 - Studies report patients with >10 visits per year to the ED may not benefit from case management services (Spillane et al., 1997).
 - Working with the most vulnerable populations.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

“Frequent Users” of Emergency Department services have been an on-going issue for many hospitals. Studies indicate that unless health care systems address the psychosocial aspects of these patients, it will be very difficult to appropriately manage their medical problems. Health systems must embrace a broader human service model rather than the traditional medical model to meet the needs of their patients (Okin et al., 2000).

1. Hospital Emergency Departments have access to populations who need services the most (e.g. homeless, those with mental health issues, etc) and appears to be a logical place to begin working with patients to ensure all their needs, not just their medical needs, are being met.
2. By refocusing from a medical model to a human services model, hospitals will better be able to meet the needs of their patients, which over time can significantly lower hospital expenses.